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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) Humane Society Legislative Fund Political Action Committee 2100 L Street, NW ADDRESS (number and street) Suite 310 (Check if address is changed) Washington 20037-DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS samundson@hslf.org (Check if address is changed) Optional Second E-Mail Address outsourcing@aristotle.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2014 C00466813 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Sara J. Amundson Type or Print Name of Treasurer Sara J. Amundson [Electronically Filed] 2014 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only Local 202-694-1100

	EEC Fa	rm 1 (Pavisad 02/2000)	Page 2		
		rm 1 (Revised 02/2009) OMMITTEE	Page 2		
		e Committee:			
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)			
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Cominformation below.)	plete the candidate		
Nam Cano	e of didate				
	didate / Affiliati	on Office Sought: House Senate President	State		
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.			
Nam Cand	e of didate				
Par	ty Con	nmittee:			
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.		
Poli	tical A	ction Committee (PAC):			
(e)	\times	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nected organization is a		
		Corporation Wo Capital Stock	Labor Organization		
		X Membership Organization Trade Association	Cooperative		
		In addition, this committee is a Lobbyist/Registrant PAC.			
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	egregated fund or party		
		In addition, this committee is a Lobbyist/Registrant PAC.			
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)			
Join	t Func	Iraising Representative:			
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo or more political		
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political		
	Committees Participating in Joint Fundraiser				
	1.	FEC ID number			
	2.	FEC ID number			
	3.	FEC ID number			
	4.				

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Write or Type Committee Name		
Humane Societ	y Legislative Fund Political Action Committe	ee
6. Name of Any Connected C	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadersh	ip PAC Sponsor
Humane Society Legis	slative Fund	
Mailing Address	2100 L St NW	
	Ste 310	
	Washington DC 20037-152	25
	CITY STATE Z	ZIP CODE
Relationship: X Connected	d Organization	dership PAC Sponsor
	ntify by name, address (phone number optional) and position of the person in poss	ession of committee
books and records.		
Aristotle Ir Full Name	nternational	
	205 Pennsylvania Ave SE	
Mailing Address		
	Washington DC 20003-110	34
Title or Position	CITY STATE Z	IP CODE
□ Custodian of Records		
	Telephone number	
8. Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the namessistant treasurer).	e and address of
Full Name Sara J. Am of Treasurer	nundson	
	2100 L St NW	
Mailing Address	Ste 310	
	Washington	25 1
		IP CODE
Title or Position Treasurer		76 2341

Telephone number

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Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		l , , l-l , , ,
Name of Bank, Depos	sitory, etc.	
Name of Bank, Depos W Mailing Address	/ells Fargo Bank 1753 Pinnacle Drive 3rd Floor McLean VA 22102	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
W	/ells Fargo Bank 1753 Pinnacle Drive 3rd Floor	ZIP CODE
W	/ells Fargo Bank 1753 Pinnacle Drive 3rd Floor McLean VA 22102	
Mailing Address Name of Bank, Depos	/ells Fargo Bank 1753 Pinnacle Drive 3rd Floor McLean VA 22102	
Mailing Address Name of Bank, Depos	/ells Fargo Bank 1753 Pinnacle Drive 3rd Floor McLean CITY STATE /ells Fargo	ZIP CODE

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: 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H+ C B

Form/Schedule: F1A Transaction ID:

Statement of Organization is amended to disclose additional depository. Also, the type of connected organization has been changed to more accurately reflect the connected organization's status as an incorporated membership organization.

Form/Schedule: Transaction ID: